

## Dermatology Coding Alert

### Coding Quiz: Bone Up on Your Lesion Excision Reporting

#### 4 scenarios assess your knowledge before you report 11400-11646

Test your coding knowledge of codes 11400-11646 before you submit your next claim by take our true/false quiz. Once you have recorded your answers, check the answers provided by coding experts to see if your lesion coding hits the grade-A mark.

True or False?

1. Your dermatologist doesn't have a pathology report indicating whether a lesion is benign or malignant, but she suspects that the lesion is benign. Therefore, correct coding requires you to follow the doctor's suspicion and assign a benign lesion excision code (for instance, 11400, Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less).

You should also link the appropriate ICD-9 code (for example, 216.0, Benign neoplasm of skin; skin of lip) to the procedure. \_\_\_\_\_

2. You should assign a code from the 11600-11606 series for malignant lesions of the trunk. \_\_\_\_\_

3. The dermatologist should measure only the lesion's diameter prior to excision. \_\_\_\_\_

4. When the dermatologist removes several lesions from the same area on a patient's body, you should report one procedure code, such as 11440 (Excision, other benign lesion ...), because Medicare bundles the other physician's work into the initial procedure. \_\_\_\_\_

#### ANSWERS

Answer 1. False. Before supplying a procedure or ICD-9 code for lesion excision, you should always wait for the pathology report.

Answer 2. True. For instance, if the dermatologist removes a 0.5-cm malignant lesion, including the margins, from a patient's chest, you should report 11600 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less).

Answer 3. False. Prior to the procedure, your dermatologist should measure the lesion's diameter in addition to the lesion's "most narrow margins," according to CPT guidelines.

Answer 4. False. When the doctor removes several lesions from the same area on the patient's body, you should bill each procedure separately. Most payers require you to use a modifier, such as modifier -59 (Distinct procedural service).